



- ☐ Illinois Union Insurance Company  
☐ Westchester Surplus Lines Insurance Company  
☐ INA Surplus Insurance Company

# Premises Pollution Liability Coverage Application

## FOR PUBLIC / EDUCATIONAL ENTITIES

### Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- This form must be completed, dated and signed by an authorized representative of your entity.

### Required Attachments:

- Tank Inventory List(s) (☐ check here if not applicable)
- Locations Schedule

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a **CLAIMS-MADE BASIS** for any claims made and reported to the Insurer, in writing, during the policy period,

1. Name of Applicant: WEBB COUNTY

Principal Contact: CYNTHIA MARES E-mail Address: cmares@webbcountytexas.gov

Mailing Address: 1110 Washington St. – Suite # 204

Laredo, Texas 78040

Telephone #: (956) 523-4144 Fax #: (956) 523-5012

### 1. Types of Exposures to be covered under this policy (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Above Ground Storage Tanks          | <input checked="" type="checkbox"/> Wastewater Treatment Facilities |
| <input type="checkbox"/> Airports                                       | <input checked="" type="checkbox"/> Water Districts                 |
| <input type="checkbox"/> Bus Depots                                     | <input checked="" type="checkbox"/> Water Treatment Facilities      |
| <input type="checkbox"/> Educational Facilities                         |   |
| <input type="checkbox"/> Electric Utility                               |   |
| <input type="checkbox"/> Gas Utility                                    |   |
| <input checked="" type="checkbox"/> Golf Courses                        |   |
| <input type="checkbox"/> Hazardous Waste Facilities                     |   |
| <input type="checkbox"/> Health Clinics                                 |   |
| <input type="checkbox"/> Hospitals                                      |   |
| <input type="checkbox"/> Housing Authorities                            |   |
| <input type="checkbox"/> Irrigation Districts                           |   |
| <input checked="" type="checkbox"/> Municipal Garages                   |   |
| <input checked="" type="checkbox"/> Landfills                           |   |
| <input type="checkbox"/> Nursing Homes/Assisted Living Communities      |   |
| <input type="checkbox"/> Reclaimed Water Sales/Use                      |   |
| <input type="checkbox"/> Recycling Facilities (non-hazardous)           |   |
| <input type="checkbox"/> Service Work (outside of covered locations)    |   |
| <input type="checkbox"/> Sewage Districts                               |   |
| <input checked="" type="checkbox"/> Spraying Operation (weed/pesticide) |   |
| <input checked="" type="checkbox"/> Underground Storage Tanks           |   |

List other facility Types Here (if applicable):

2. Desired effective date of coverage: 10-01-2006
3. Limits of Liability and Self Insured Retention requested:

Limits of Liability:		Self Insured Retention:	
Per Loss:	\$ <u>1,000,000</u>	Per Loss:	\$ <u>10,000</u>
Aggregate:	\$ <u>1,000,000</u>		

4. Within the past five (5) years has the applicant purchased this type of insurance coverage? ☒ YES ☐ NO

a. If "Yes", please provide information regarding all available loss information.

5. Are all of applicant's storage tanks compliant with all applicable federal, state and local regulations? ☐ (n/a applicable, no storages tanks to be covered) ☒ YES ☐ NO

b. If "No", please provide a written explanation of outstanding compliance issues.

6. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance? ☐ YES ☒ NO

7. Does the applicant or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? ☐ YES ☒ NO

8. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? ☐ YES ☒ NO

If "Yes" to either 5., 6., and/or 7.. above, provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

**\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

**BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

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Signature of Authorized Applicant

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Signature of Broker/Agent

---

Print Name

---

Print Name

---

Title

---

Date

County Judge

---

Date

---

Signed by Licensed Resident Agent  
(Where Required By Law)



# Storage Tank Inventory By Location

(Completed as part of the Application for Insurance)

Facility Name Webb County Utility Facility Address 515 Martha Dr., Rio Bravo, Tx Facility ID # 240022

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #	Rio Bravo Stand Pipe	Clearwells	Rio Bravo Elevated Tank	El Cenizo Elevated Tank		
UST/AST						
Install Date Year	1982	2006	2006	2006		
Capacity (Gallons)	220,000		200,000	200,000		
Contents	Water		Water	Water		
Tank Construction Material	Steel	Concerts	Steel	Steel		
Overfill/Spill Protection	Yes (P)	Yes (P)	Yes (P)	Yes (P)		
Tank Leak Detection	M/L	M/L	M/L	M/L		
AST Diking & Base Construction						
Piping Construction Material	B	FM	B	B		
Piping Leak Detection	6	6	6	6		

## Contents

**B.** Unleaded Gasoline  
**C.** Gasohol  
**D.,F.,G.,H.** Diesel  
**K.** Kerosene  
**L.** Waste Oil/ Used Oil  
**M.** Fuel Oil  
**P.** Generic Gasoline  
**Q.** Pesticide  
**R.** Ammonia compound  
**S.** Chlorine compound  
**T.** Haz. Substance (CERCLA)  
**U.** Mineral Acids  
**V.** Grades 5&6 bunker 'C' oils  
**W.** Petroleum-base additive  
**X.** Misc. petroleum-base  
**Z.** Other, Identify

## Tank Construction

**C.** Steel  
**E.** Fiberglass  
**F.** FRP Clad Steel  
**X.** Concrete  
**Y.** Polyethylene  
**Z.** Other EPA/DEP Approved  
**G.** Cathodic Protection  
Sacrificial Anode  
**H.** Cathodic Protection -  
Impressed Current  
**I.** Double Walled (DW) -  
Single Material  
**R.** Double Walled (DW)-  
Dual Material  
**J.** (DW)Synthetic Liner in  
Tank Construction  
**V.** (DW)Pipeless UST with  
Secondary Containment  
**B.** Internal Lining **STI.** STI-P3

## Overfill/Spill Protection

**A.** Ball Check Valve  
**M.** Spill Containment Bucket  
**N.** Flow Shut-off  
**O.** Tight Fill  
**P.** Level Gauges,  
High Level Alarms  
**Q.** Other EPA/DEP Approved  
Protection Method  
**Piping Construction Material**  
**B.** Steel  
**C.** Fiberglass  
**F.,M.** Double walled  
**N.** Approved Synthetic Material  
**Z.** Other EPA/DEP Approved  
Piping Material  
**D.** External Protective Coating  
**E.** C/P with sacrificial anode or  
impressed current

## Tank Leak Detection

**N.** Groundwater Monitoring Wells  
**E.** Interstitial Monitoring  
**O.** Vapor Monitoring Wells  
**Q.** Visual Inspections of AST Systems  
**Z.** Other EPA/DEP Approved  
**D.** SPCC Plan - AST  
**F.** Interstitial Space -  
Double Walled Tank  
**M.** Manual Tank Gauging - UST  
**S.** Statistical Inventory Reconciliation (SIR)(USTs)  
**L.** Automatic Tank Gauging System (USTs)  
**R.** Interstitial Monitoring of AST tank bottom  
**T.** Annual Tightness Test with Inventory (USTs)

## AST Diking & Base Construction

**K.** Concrete, Synthetic Material, clays  
**S.** Other EPA/DEP approved secondary  
containment system  
**Z.** Dirt/Earth

## Piping Leak Detection

**G.** Electronic Line Leak Detector  
with Flow Shutoff  
**J.** Interstitial Monitoring -  
Piping Filter  
**6.** External Monitoring  
**H.** Mechanical Line  
Leak Detector  
**K.** Interstitial Monitoring of  
double wall piping  
**V.** Suction Pump Check Valve



# Storage Tank Inventory By Location

(Completed as part of the Application for Insurance)

Facility Name \_\_\_\_\_ Webb County \_\_\_\_\_ Facility Address 7210 E. Saunders (Road & Bridge Dept.) Facility ID # \_\_\_\_\_

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #	1	2	3			
UST/AST	UST	UST	AST			
Install Date Year	1998	1998	1998			
Capacity (Gallons)	20,000	10,000	18,000			
Contents	Unleaded Fuel	Diesel Fuel	Other-Propane			
Tank Construction Material	Fiberglass / Steel Clad	Fiberglass / Steel Clad				
Overfill/Spill Protection	P	P	P			
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

## Contents

**B.** Unleaded Gasoline  
**C.** Gasohol  
**D.,F.,G.,H.** Diesel  
**K.** Kerosene  
**L.** Waste Oil/ Used Oil  
**M.** Fuel Oil  
**P.** Generic Gasoline  
**Q.** Pesticide  
**R.** Ammonia compound  
**S.** Chlorine compound  
**T.** Haz. Substance (CERCLA)  
**U.** Mineral Acids  
**V.** Grades 5&6 bunker 'C' oils  
**W.** Petroleum-base additive  
**X.** Misc. petroleum-base  
**Z.** Other, Identify

## Tank Construction

**C.** Steel  
**E.** Fiberglass  
**F.** FRP Clad Steel  
**X.** Concrete  
**Y.** Polyethylene  
**Z.** Other EPA/DEP Approved  
**G.** Cathodic Protection  
    Sacrificial Anode  
**H.** Cathodic Protection -  
    Impressed Current  
**I.** Double Walled(DW) -  
    Single Material  
**R.** Double Walled (DW)-  
    Dual Material  
**J.** (DW)Synthetic Liner in  
    Tank Construction  
**V.** (DW)Pipeless UST with  
    Secondary Containment  
**B.** Internal Lining **STI.** STI-P3

## Overfill/Spill Protection

**A.** Ball Check Valve  
**M.** Spill Containment Bucket  
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    High Level Alarms  
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    Protection Method  
**Piping Construction Material**  
**B.** Steel  
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    Piping Material  
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## Tank Leak Detection

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# Storage Tank Inventory By Location

(Completed as part of the Application for Insurance)

Facility Name \_\_\_\_\_ Facility Address \_\_\_\_\_ Facility ID # \_\_\_\_\_

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #						
UST/AST						
Install Date Year						
Capacity (Gallons)						
Contents						
Tank Construction Material						
Overfill/Spill Protection						
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

## **Contents**

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**C.** Gasohol  
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**S.** Other EPA/DEP approved secondary  
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**Z.** Dirt/Earth

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**G.** Electronic Line Leak Detector  
     with Flow Shutoff  
**J.** Interstitial Monitoring -  
     Piping Filter  
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